

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	8-31-01
<b>FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	5/26/01
2	5/26/01
3	✓ ✓
4	✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy